# Air Toxics Implementation Workshop

*August 26 - 29, 1996 ♦ Sheraton Imperial Hotel & Convention Center*

## REGISTRATION FORM

*Please register early as registration is limited to 350 participants.*

(Please type or print clearly) Date: _____

Full Name: * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *
First M.I. Last

Agency: _____

Address: _____

City _____ State _____ Zip _____

Business Phone: _____ FAX: _____ E-MAIL _____

In case of emergency contact: _____
Name Day Phone Evening Phone

**OPTIONAL BASIC TRAINING - MONDAY, AUGUST 26, 1996**

r *I will* r *I will not* **be attending the Optional Basic Training on Monday, August 26, 1996**

**I would like to attend: r MACT Training or r 112(r) Training**

**INTERACTIVE SESSIONS - WEDNESDAY, AUGUST 28, 1996**

**I would like to attend: r Risk Exposure Assessment r MACT and other Emission Standards r Implementation Strategy**

***HOTEL INFORMATION - PLEASE NOTE THAT YOU MUST CALL THE SHERATON IMPERIAL DIRECTLY at (919) 941-5050 to book your sleeping reservations. The special workshop room rate is $84, inclusive of tax, for single or double occupancy. To ensur e receiving the special conference rate please refer to the "U.S. EPA Air Toxics Implementation Workshop" when booking your reservation. The deadline for receiving the conference rate is August 12, 1996. After the deadline, hotel rooms at the special workshop rate will be subject to availability. A credit card number or check for your first night's lodging will be necessary to guarantee your room.***

***MEAL INFORMATION - THE MEAL PACKAGE IS MAND ATORY FOR OUT-OF-TOWN PARTICIPANTS. If you plan to attend the Optional Basic Training Day and the three full days of the workshop (Monday through Thursday), the meal package for the four days will be $64. If you plan to attend only the regular workshop (Tu esday through Thursday), the meal package for the three days will be $48. The meal package includes breakfast, lunch , and refreshment breaks on each full day, and breakfast, lunch, and a refreshment break on the last half day of the workshop. NOTE THAT DINNERS ARE ON YOUR OWN THIS YEAR. Meal tickets should be picked up at the hotel registration desk upon arrival.***

**SPECIAL EVENTS -** r I would like to attend the Durham Bulls baseball game on Wednesday, August 28, 1996.

Special Dietary requirements (be specific): _____

Please indicate any special needs: _____

**IMPORTANT:** **Workshop cancellations must be received no later than August 16, 1996 in order to release your responsibility for any charges incurred to reserve meals.**

Registrations by FAX (see below) will be accepted for participants wishing to pay by credit card.

***For Internal Use Only***

Received Date: _____
Check # ____ Amt.Rec'd: _____
ID: _____ Group: _____

**Mail or FAX this form <u>before August 9, 1996</u> to:**
*(Please keep a copy for your records)*
Susan Murchie/Karen Byrd
TRC Environmental Corporation
6340 Quadrangle Drive, Suite 200

EPA Office of Air Quality Planning and Standards
Research Triangle Park, North Carolina 27711

STAPPA/ALAPCO State and Territorial Air Pollution Program Administrators
Association of Local Air Pollution Control Officials